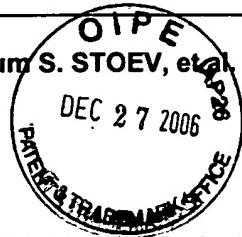


TRANSMITTAL FORM

Attorney Docket No.
K35R1851/3568P

In re the application of: **Kroum S. STOEV, et al.**
 Serial No: **10/788,766**
 Filed: **February 27, 2004**

Confirmation No: **8458**Group Art Unit: **2627**Examiner: **Watko, Julie Anne**For: **Magnetic Head with Thin Trailing Pedestal Layer**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief		
<input type="checkbox"/>	<input type="checkbox"/> Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	<input type="checkbox"/> Reference Copies	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard		
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appn	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u> , from December 7, 2006 to January 7, 2007.					
	<input type="checkbox"/> Executed Declaration by Inventor(s)						

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	40	35	5	\$ 50.00	\$ 250.00
Independent Claims	8	3	5	\$200.00	\$ 1000.00
				Total Fees	\$ 1,250.00

METHOD OF PAYMENT

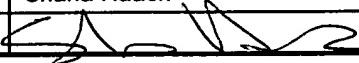
<input checked="" type="checkbox"/>	Check no. <u>11072</u> in the amount of \$ <u>1,370.00</u> is enclosed for payment of fees. \$120.00 Extension Fee; \$1,250.00 Excess Claims Fee
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/Reg. No. 40,095 Janyce R. Mitchell
Date	December 22, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 12/22/2006.

Typed or printed name	Shana Haack
Signature	

12/28/2006 PMETENT 00000003 10788766
03 FC:1251